

| Ravalli County Plannir | ng De | partment Use |
|------------------------|-------|--------------|
| FEE \$200.00           | Paid  |              |
|                        |       |              |
| APPROVED / DENIED:     |       | (DATE)       |

## Request for Additional Structures with Wastewater Treatment Facilities without Subdivision Review (Wastewater Exception Application)

<u>Instructions</u>: Please *carefully review* the information requested. Both the Applicant and Landowner (if different) must sign the back page before a notary public and submit this form, together with the requested attachments, to the Ravalli County Planning Department. Maps and drawings may be hand-drawn or based on copies of other documents.

Review Criteria: Section 3-5-2 of the Ravalli County Subdivision Regulations establishes review criteria by which Planning Department staff base their determination. Each application is reviewed pursuant to these criteria. The criteria are: (1) Proximity of existing services and facilities; (2) Extent and nature of proposed plumbing; (3) Proposed floor plan; (4) Previous use of exemptions; (5) Potential for use as a rental; and (6) Proposed use(s) of accessory building(s).

## 1. APPLICANT /LANDOWNER IDENTIFICATION:

| Applicant's Name     | Landowner's Name (If different from Applicant) |
|----------------------|--|
| Applicant 's Address | Landowner's Address                            |
| Phone Number ()      | Phone Number ()                                |

- i. Questions about this Application should be directed to: Applicant or Landowner. (Circle One)
- ii. If Applicant is not the Landowner who holds title to the parcel, state the full name under which title is held and the Applicant's legal interest in the property or legal relationship

|            | to the Landowner:  LOCATION AND LEGAL DESCRIPTION FOR PARCEL ON WHICH ADDITIONAL STRUCTURE IS PROPOSED:  |  |  |  |  |
|------------|--|--|--|--|--|
| 2.         |  |  |  |  |  |
|            |  |  |  |  |  |
| S          | Gec. Twn. Range Parcel # Geocode Parcel Size (acres)   |  |  |  |  |
| S          | Subdivision Name Lot/Block COS/AP <u>or</u> Tract # <u>or</u> Recorded Reference (Book & Page)   |  |  |  |  |
| 3.         | USE OF PARCEL:   |  |  |  |  |
| A)         | Please describe each structure(s) currently on the parcel and identify which structures are connected to wastewater (septic) treatment systems:  |  |  |  |  |
|            |  |  |  |  |  |
| B)         | Please describe the current use of each structure on the parcel:   |  |  |  |  |
|            |  |  |  |  |  |
| C)         | Please describe the proposed use of the structure(s) requiring new wastewater treatment facilities:  |  |  |  |  |
|            |  |  |  |  |  |
| D)         | Please describe the facilities you wish to construct that will be connected to the new wastewater treatment facilities (include number of bathrooms and bedrooms, use of other rooms including cooking and living facilities, and non-living facilities such as shops, barns, etc):  |  |  |  |  |
|            |  |  |  |  |  |
|            | (Attach additional sheets if necessary)  |  |  |  |  |
| 4.         | HISTORY OF PROPERTY:   |  |  |  |  |
|            | is the property on which this parcel is located been divided by use of an exemption afte ly 1, 1974?   |  |  |  |  |
| an<br>eitl | he property has previously been divided by use of exemptions, please list the divisions d state the date, C.O.S. No. or Amended Plat name and the type of exemption used. If her the remainder parcel or the parcel created by exemption was transferred, name the nsferee and provide a recording reference for the transfer. |  |  |  |  |

| Date | COS No. | Exemption Used | Transferee and recording reference |
|------|---------|----------------|------------------------------------|
|      |         |                |                                    |
|      |         |                |                                    |
|      |         |                |                                    |

(Attach additional sheets, if necessary.)

## 5. REQUIRED ATTACHMENTS:

- A) A vicinity map showing the location of the parcel in relation to nearby public roads, waterways, and cities or towns.
- B) A plan that shows property boundaries and the footprint of every existing and proposed structure. Please differentiate between existing and proposed structures.
- C) Floor plan of proposed structure(s) showing dimensions, internal compartmentalization, and location of all wastewater facilities, including septic tank and lines. Rough plans are acceptable.
- D) Please provide a written narrative addressing each of the review criteria found in section 3-5-2(b) of the Ravalli County Subdivision Regulations.

## By signing this form, the Applicant and the Landowner acknowledge and agree to the following conditions should the Application be approved:

This Application shall be recorded with the County Clerk and Recorder relative to the subject real property if the Application is approved.

Lease, rental or other transfer of possession of any portion of the subject real property without appropriate subdivision review and any necessary approval would violate the Montana Subdivision and Platting Act and the Ravalli County Subdivision Regulations. The Applicant, Landowner, and subsequent property owners shall not transfer possession of any portion of the subject real property without prior subdivision review and approval. This provision does not apply for structurally attached buildings.

The Applicant and Landowner acknowledge that, if the Application is approved, the conditions contained herein shall operate as covenants running with the land for the direct benefit of the subject real property described above, and shall apply to and bind grantees of the parcel, their heirs, successors and assigns as provided in Montana law.

Approval of this Application to add another structure requiring wastewater treatment facilities without subdivision review by the Planning Department does not indicate that the property meets zoning requirements, health restrictions, sanitation in subdivision requirements and wastewater treatment and floodplain permitting, or other applicable regulations. Approval of the use of an additional structure with a wastewater treatment facility does not guarantee approval of any subdivision request.

Violation of the Montana Subdivision and Platting Act or the Ravalli County Subdivision Regulations is a misdemeanor per Section 76-3-105 MCA, and false statements to a public official may constitute a misdemeanor per Sections 45-7-202 and 45-7-203, MCA.

I swear and affirm that I have examined this Application and to the best of my knowledge and belief, it is true, correct, complete and is in compliance with all Montana State laws and Ravalli County regulations and resolutions.

| Applicant                                     | Landowner (if different from Applicant)               |
|---|---|
| License No., if applicable                    | _   |
| STATE OF MONTANA )                            |   |
| County of Ravalli )                           | •   |
| On this day of<br>Public, personally appeared | Applicant) known to me to be the one whose name is    |
|   | and acknowledged to me that they executed the same.   |
|   |   |
|   | Notary Public for the State of Montana<br>Residing at |
|   | My Commission expires:                                |

| STATE OF           | )                       |   |
|--------------------|-------------------------|---|
|                    | : SS.                   |   |
| County of          | )                       |   |
| On this            | day of                  | ,, before me the undersigned Notar                    |
| Public, personall  | y appeared <sub>.</sub> |   |
|                    |                         | (Landowner) known to me to be the one whose name is   |
| subscribed to this | s instrument            | , and acknowledged to me that they executed the same. |
|                    |                         |   |
|                    |                         |   |
|                    |                         | Notary Public for the State of                        |
|                    |                         | Residing at   |
|                    |                         | My Commission expires:                                |